SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 2nd AMENDMENT □* AFTER CL 1st AMENDMENT AS FILED DEP. IND. IND. DEP. IND. DEP. DEP. TOTAL IND. TOTAL TOTAL DEP. TOTAL CLAIMS TOTAL DEP.

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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